



Massachusetts Appeals Court
John Adams Courthouse
One Pemberton Square
Suite 1-200
Boston, MA 02108

Massachusetts Appeals Court Request for Reasonable Accommodation

INSTRUCTIONS: To enable a person with a disability to access the court system, information is needed to determine the nature and extent of any requested accommodation. It is the policy of the Appeals Court to process all reasonable accommodation requests within 72 hours of the date the request is received.

This form and all requests for accommodation at the Appeals Court should be submitted to: Patricia Malone, Esq., Appeals Court ADA Coordinator, John Adams Courthouse, One Pemberton Square, Suite 1-200, Boston, MA 01208, Telephone 617-725-8106, FAX 617-523-2845
patricia.malone@appct.state.ma.us.

I Wish to Make a Request for Reasonable Accommodation:

Date of Request: ____/____/____

Name: _____

Phone: _____

E-mail: _____

Address: _____
(Street) (City) (State) (Zip)

STATUS: ☐ Juror ☐ Attorney/Legal Staff ☐ Witness ☐ Party ☐ Other (Specify) _____

COURT APPEARANCE: Name of Court _____

Date of Appearance ____/____/____ **Case Name and Docket #** _____

Type of Accommodation Requested:

____ **Access:** physical access to parking lots/entrances/rest rooms/elevators/court rooms.

____ **Issue-Related: I need the following reasonable accommodation:**

- | | |
|---|---|
| <input type="checkbox"/> Large Print | <input type="checkbox"/> Digital Audio Recording |
| <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> CART (Computer Access Real-time Translation) |
| <input type="checkbox"/> Assistive Listening Devices | |
| <input type="checkbox"/> Other (please specify) _____ | |

Date and Time Needed ____/____/____ **at** _____ **AM/PM**

Limitations Requiring Accommodation: _____

Signature of Requestor or Person completing form

Relationship to Requestor